

<b>SENDER: COMPLETE THIS SECTION</b>	
<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p>	
<p>A. Signature <b>X</b></p>	
<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Cynthia Chinn 2633 South 9th Street Ironton, OH 45638</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Mail - <input type="checkbox"/> Yes</p>	
2. Article Number (transfer from service label)	10-177 SSB #11
<p>PS Form 3811, February 2004      Domestic Return Receipt</p>	
<p>102595-02-M-1540</p>	